

**DATE PRESENTING CLINICAL SIGNS**

12/30/21

History: Mast cell, several years duration but recent increase in size. Would advise removal ASAP. Staging prior to ensure no obvious spread to liver/spleen/GI tract, also geriatric screen. Labs normal in September but repeating today in preparation for surgery.

PATIENT

Rags Ritterhoff

Current Medications: Benadryl after aspiration 12.5 mg BID.

Lab Results: 9-22-21 NSF.

SPECIES

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Feline

BREED**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

DSH

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

SEX

Neutered Male

The left kidney has a normal shape and size (4.27 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

2/28/07

WEIGHT

16.8 Pounds

The right kidney has a normal shape and size (4.11 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

IMAGING PERFORMED BY

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Rachel Brilhart RDMS

Spleen

The spleen is normal/borderline large in size at 1.0 cm in width at the hilus (normal is <1.0 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

HOSPITAL NAME

Everhart Vet Center

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

REFERRING VET**INVOICE**

33858

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measured 0.31 cm. Jejunum wall measured 0.23 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are visible mesenteric lymph nodes measured at 0.27, 0.24 cm. The omentum is of normal echogenicity.

PRIMARY FINDINGS

- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Prominent muscularis layer to the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma. This can be a normal finding in some older cats.
- Borderline large spleen – likely normal in this very large cat, but given the disease process, a fine needle aspirate could be considered.

SECONDARY FINDINGS

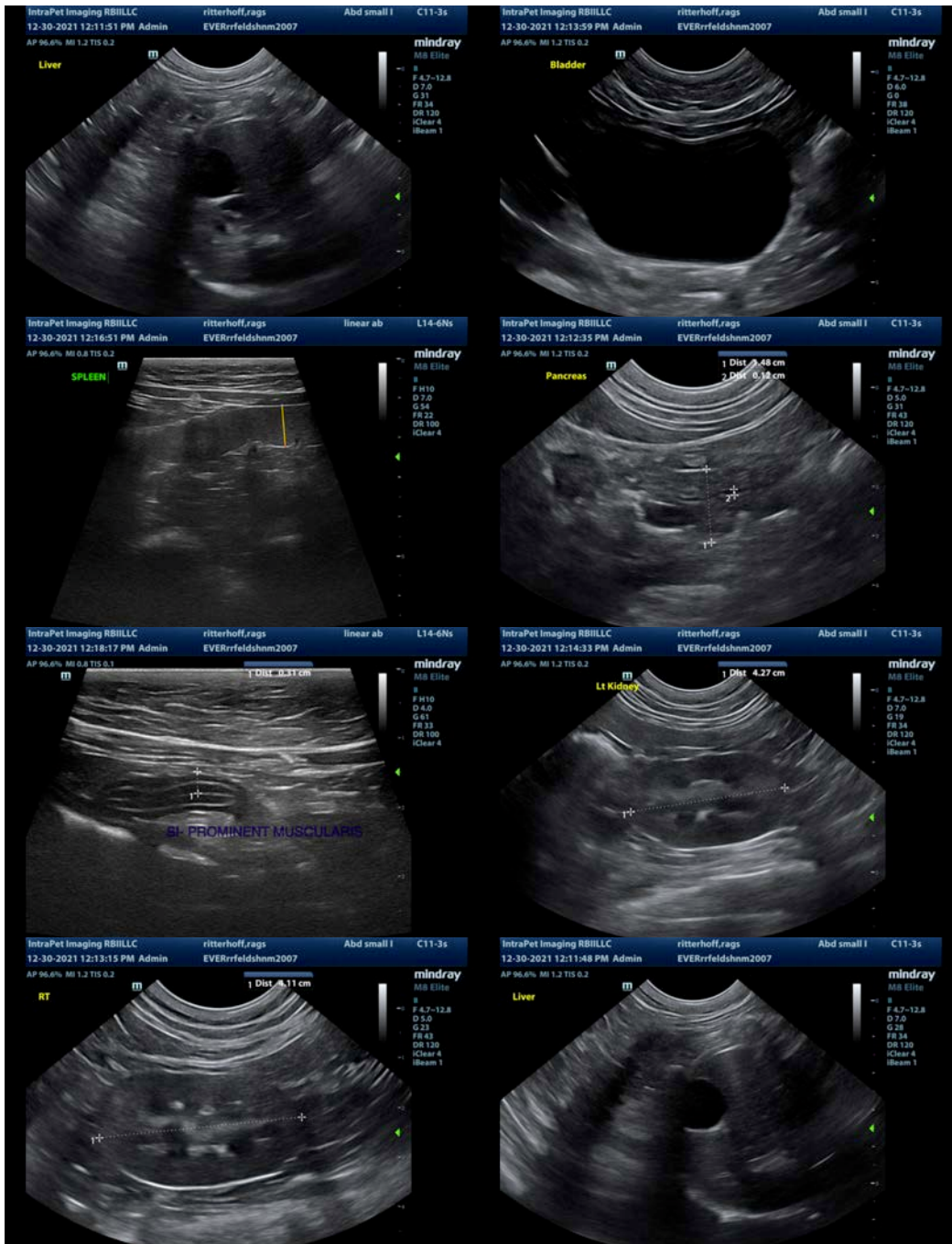
- Visible/prominent mesenteric lymph nodes – likely normal for this individual, but could represent inflammation or less likely neoplastic change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The scan is likely within normal limits for this very large cat. There is a mild increase in the width of the muscularis layer of the small intestine. If no GI signs are present, then this is likely within normal limits.

Additionally, the spleen is just borderline large. I would disregard this in most cats this size, but given the disease process, a fine needle aspirate of the spleen could be considered (or continued monitoring of the spleen).

The pancreas is prominent and hypoechoic. If no GI signs exist, this could be consistent with a previous episode of pancreatitis. If GI signs are present, consider a GI panel to Texas A&M for a quantitative PLI, TLI, cobalamin and folate.





The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com